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<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known		
FEE TRANSMITTAL For FY 2008		Application Number	09/857,491-Conf. #5202	
		Filing Date	June 6, 2001	
		First Named Inventor	Toyokazu SUGAI	
		Examiner Name	S. A. Chowdhury	
		Art Unit	2623	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT	(\$)	810.00	Attorney Docket No.	1163-0340P

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch,
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 210 105							
Multiple dependent claims _____ 370 185							
Total Claims _____ 13 - 20 = _____ x _____ = _____				Multiple Dependent Claims			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims _____ 1 - 3 = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____				Fee (\$) _____ Fee Paid (\$) _____			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)							

SUBMITTED BY					
Signature	<i>Michael K. Mutter</i>			Registration No. (Attorney/Agent)	29,680
Name (Print/Type)	Michael K. Mutter			Telephone	(703) 205-8000
				Date	October 31, 2007